



Canandaigua VA Medical Center Psychology Internship Program

Accredited by the American Psychological Association

APPIC MATCH Numbers
Mental Health Track-2 positions: 217612
Neuropsychology Track-2 positions: 217611
Applications Due: December 2, 2022

Canandaigua VA Medical Center
400 Fort Hill Ave.
Canandaigua, NY 14424

585-394-2000

Accreditation Status:

The Canandaigua VAMC Psychology Internship Program is accredited by the American Psychological Association. Our most recent site visit and accreditation from APA occurred in 2016. We received full seven-year accreditation and anticipate the next site visit in 2025.

Questions related to the programs accreditation status should be addressed to: APA, Office of Program Consultation and Accreditation, 750 First Street, NE, Washington, DC 20002-4242, (202) 336-5979; E-mail: apaaccred@apa.org; Web: www.apa.org/ed/accreditation.

Internship positions:

We are currently funded for 4 positions for the 2023-2024 academic year.

STATEMENTS ON NONDISCRIMINATION AND COMMITMENT TO DIVERSITY**Nondiscrimination:**

Our program adheres to the VA's commitment as an Equal Opportunity Employer and its policy as described in VA Network 2 Memorandum 10N2-064-13 (<http://vaww.visn2.va.gov/emp/eo.asp>) and concomitantly abides by Federal Executive Order 13160 specifically addressing nondiscrimination. Federal law prohibits discrimination on the basis of race, color, religion, gender (sex), national origin, age (40 years and over), physical or mental disability, sexual orientation, genetic information, and/or reprisal for filing a complaint of discrimination, participating in the EEO process, or having opposed prohibited discrimination. Harassment based on the above categories is also prohibited. The program also fully adheres to APPIC policy on non-discrimination which states: "Training agencies have practices which are nondiscriminatory in regard to race/ethnic background, gender, age, sexual orientation, lifestyle, and disabilities." As such the Canandaigua Psychology Internship Program is fully dedicated to actively promote an environment of non-discrimination and will not utilize applicants' information that is not relevant to their training and successful completion of the training program. Applications from all qualified prospective interns are accepted and no personal information is used to evaluate applicants in the selection process. If trainees or faculty experience or observe instances of discrimination in the course of internship training they have an obligation to address the problem as soon as possible to diminish potential for psychological harm. In addition, the matter must be brought to attention of the Training Director, supervisor, Clinical Chief of Psychology or other psychology staff. Formal procedures are available if resolution is not reached at this level of intervention.

Diversity:

The Department of Veterans Affairs and its affiliated agencies are charged by the United States Congress to serve the veteran population. The makeup of the Armed Forces and therefore the veterans enlisted for health care in the VA represent a wide cross-section of the US population and as such a dimensionally diverse group. Diversity is strongly valued in the Canandaigua VAMC Psychology Internship Program as it stands in alliance with the Medical Center's effort to recruit supervisory staff and trainees from diverse backgrounds who show a high level of commitment to VA's stated values (<http://www.diversity.va.gov/policy/dra.asp>) and provide care that respects the diversity, dignity, and individuality of all veterans. The program is committed to recruit applicants from all over the United States and in training interns from an array of

cultural backgrounds. Our program provides broad-based training with substantial clinical emphasis on interns' development of sensitivity to cultural diversity and individual differences. Interns are exposed to a vast array of clinical experiences, didactics, and supervision opportunities that teach the importance of human diversity and individual differences in real time. The training program also emphasizes promoting and maintaining an open and inclusive training environment through encouraging genuine curiosity and willingness to learn about each other's experiences and supporting an environment of mutual respect. If at any point during the training year an intern identifies the need to for additional support or training around any issue(s) of diversity, the training program will make efforts to quickly and appropriately address this need.

INTERNSHIP ADMISSION, SUPPORT AND INITIAL PLACEMENT DATA

Internship Program Admissions

Date Program Tables were updated: July 2022

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

Our internship program participates in the APPIC match and application must be submitted through the AAPI Online service, which can be found at the APPIC website: www.appic.org. No mail or email application materials will be accepted. Please be advised that the cover letter must **specify to which track(s) the applicant is applying**. It is acceptable to apply for both tracks. The cover letter must also indicate applicant's specific interests in our program. Applicant's curriculum vita and three letters of recommendation should also be submitted through the AAPI Online service. Applications must be completed in the AAPI no later than December 2, 2022. Applicants are encouraged to complete the application as early as possible before the aforementioned deadline so that ample time will be available for application review.

Applicants must meet all requirements for VA internship eligibility, which includes enrollment and in good standing in an APA-accredited Clinical or Counseling Psychology program, approval for internship status by the graduate program training director, and U.S. Citizenship.

Applicants who apply to our site must also be aware of the following: The Federal Government requires that male applicants to VA positions who were born after 12/31/1959 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. All interns will have to complete a Certification of Citizenship in the United States prior to beginning the internship.

VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns are not required to be tested prior to beginning work, but once on staff they are subject to random selection as are other staff members. Please visit the following resource page for more information regarding drug testing for trainees: [VA](#)

[Drug-Free Workplace Program Guide for Veterans Health Administration Health Professions Trainees](#)

Interns are also subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens. Applicants do not need to submit any documentation for these requirements at the time of their application. Please reference the following links for specific information regarding these requirements:

- 1) [Resources for Health Professions Trainees Coming to VA | Eligibility and Forms - Office of Academic Affiliations](#)
- 2) [Am I Eligible? Checklist for VA HPTs.](#)

The program will consider applicants who have complete a minimum of 450 hours of face-to-face assessment and intervention graduate practicum experience that involve training in evidence-based assessment and therapy under the supervision of clinical psychologist(s); have successfully completed all required academic coursework; have passed the comprehensive or qualifying exams; and have successfully proposed their dissertation by application deadline.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours	Yes	Amount: 300
Total Direct Contact Assessment Hours	Yes	Amount: 150

Describe any other required minimum criteria used to screen applicants:

Our internship program utilizes a three-part multistage selection process. Application materials are initially reviewed by the Training Director, the Clinical Chief of Psychology, and two other senior members of the training committee. This review ensures that initial application requirements are met, identifies historical or program characteristics requiring further consultation, and allows us to compile a more focused picture of the potential strengths and weaknesses of a given applicant for further evaluation during follow-up reviews. Review targets are the dissertation (relevance of topic area to the VA mission, demonstration of scholarly potential, nearness of completion), treatment experience (quantity), assessment experience (quantity), and goodness of fit with the program's mission. An initial decision is made as to whether an application is moved on to the next review level.

The second stage concerns a review of each application by multiple members of the psychology staff who collectively form the selection committee. Applicants are rated on eligibility, strength of training and experience, scholarly potential/academics, sensitivity to diversity, dissertation status, and fit with the internship program and the VA. Numerical ratings are compiled and applications are ranked accordingly. The selection committee subsequently identifies the applicants who would be invited for a formal interview and notification letters are sent out by December 16th.

The third stage involves interviews of individual applicants by multiple members of the selection committee, which is an integral part of our selection process. Phone interviews and virtual interviews will be utilized for the 2023-2024 class, prior to the first Match Phase. Interviews are scheduled across two separate days in January. The selection committee is committed to ensuring a range of diversity among our training classes. Provided that applicants are identified as a good fit for the program, consideration is given to those with veteran status and members of historically underrepresented groups. Interviews allow the selection committee to compile ratings on various characteristics, and to make recommendations regarding ranking. Total scores are then derived from combining application and interview numeric ratings with recommendations for ranking level.

Upon completion of our interviews, applicants will be ranked in terms of their suitability for our program in accordance with APPIC policies and guidelines, which can be found on <http://www.appic.org/Match/Match-Policies>. The rankings are subsequently submitted to the National Matching Service in early February. Letters to the successful applicants and their academic program directors will confirm all selections.

Health Professions Trainees (HPTs) directly paid by VA are appointed under authority 38 USC 7405 subsection (a)(1) for a temporary period, not to exceed one year (2080 hours or less). All direct VA-paid HPTs, to include interns, residents, fellows, externs trainees, and students, shall be appointed in one-year intervals, renewable on an annual basis for no more than three years.

- a. *A Trainee Qualifications and Credentials Letter (TQCVL) is required prior to all initial and subsequent HPT appointments.*
- b. *HPTs appointed for 90 days or more and who participate in training a minimum of 130 hours per month meet the eligibility requirements for Federal Employee Health Benefits (FEHB). HPTs can enroll in FEHB on their first day at VA and be covered by the first pay period. If there are additional questions, please contact your local HR staff.*

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$27,030.00 per year	
Annual Stipend/Salary for Half-time Interns	We do not offer non-funded internship positions.	
Program provides vision and dental insurance for interns?	Yes	No
Program provides access to medical insurance for intern?	Yes	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	No
Coverage of family member(s) available?	Yes	No
Coverage of legally married partner available?	Yes	No

Coverage of domestic partner available?	Yes	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	4hr/ pp = 104 total hrs	
Hours of Annual Paid Sick Leave	4hr/ pp =104 total hrs	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave? *Please note however, that FMLA (ex: paid parental leave) is not provided. Unpaid leave requires application and approval.	*Yes	No
Program provides life insurance for interns?	Yes	No
Program provides Flex Spending Accounts (FSAFEDS) for interns?	Yes	No
<p>Other Benefits (please describe):</p> <p>Child Care Subsidy Program and Trainee Eligibility: VA psychology trainees may qualify for the child care subsidy program if they are VA paid, full-time and have full family income less than \$144,000.</p> <p>VA Child Care Subsidy Program - Office of the Chief Human Capital Officer (OCHCO) (Forms are located here: VA Child Care Subsidy Program - Office of the Chief Human Capital Officer (OCHCO))</p> <ol style="list-style-type: none"> 1. The Office of Human Resources Management VA Child Care Subsidy Program Service is administering the child care subsidy program. 2. Employees who are interested in participating in the VA Child Care Subsidy Program must contact their local servicing Human Resources (HR) office or CCSP Staff for additional program information and/or guidance. <p>Interns may be granted up to to 5 days of Authorised Absence per year which may be used for dissertation work/research meetings, conference attendance, and post-doc or job interviews within the VA.</p> <p>Interns are provided office space for all clinical rotations and activities. Interns also have access to the computer network for clinical and professional development needs. All medical record charting in VA is done on the Computerized Patient Record System (CPRS) and interns have dedicated computers to complete treatment documentation. The training program provides all necessary testing equipment and materials, and maintains a "shared drive" on the network which holds a large collection of clinically-relevant professional resources, research articles, patient handouts, and other documents designed to facilitate professional development.</p>		

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2019-2022	
Total # of interns who were in the 3 cohorts	9	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1	
	PD	EP
Community mental health center	0	0
Federally qualified health center	0	0
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans Affairs medical center	6	0
Military health center	0	0
Academic health center	1	0
Other medical center or hospital	1	0
Psychiatric hospital	0	0
Academic university/department	0	0
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	0
School district/system	0	0
Independent practice setting	0	0
Not currently employed	0	0
Changed to another field	0	0
Other	0	0
Unknown	0	0

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position.

SETTING

The program is a full-time clinical internship providing 2080 hours of clinical experience. We offer training in a wide variety of clinical settings with diverse patient populations oriented to prepare psychologists to respond effectively to the challenges and changes in the modern health care environment. Training rotations are coordinated across two well-established clinical settings that include the Rochester Outpatient Clinic (ROPC) and the Canandaigua VA Medical Center, which also involves the Center of Excellence for Suicide Prevention at Canandaigua.

Canandaigua VA Medical Center, Canandaigua, New York

The Canandaigua VA Medical Center consists of 14 patient care buildings situated on 150 acres. Located just outside Rochester, NY in the beautiful Finger Lakes region of western New York state, the Canandaigua VAMC opened in 1933 with a primary focus on inpatient and residential psychiatric treatment. After WWII, the facility expanded to almost 1600 beds. Beginning in the 1960s, the Canandaigua VAMC gradually shifted its focus towards providing outpatient medical and psychiatric treatment. Some psychiatric and geriatric residential facilities continue to operate on the campus such as the Community Living Centers, which contain a total of 116 beds.

Today, veterans receive a full range of services through the availability of health screening programs, greater involvement of geriatrics and mental health staff on Primary Care Teams, and expanded partnerships with multiple community healthcare resources. In addition to its longstanding reputation in psychiatric care, the Canandaigua VA has broadened its medical focus to include long-term care. Notable services offered today at Canandaigua VA include Long-term Care, Nursing Home Care, Hospice/Palliative Care, Mental Health Services, Alcohol/Drug Rehabilitation Services, specialty Post-Traumatic Stress Disorder treatments, Home-Based Primary Care, and a variety of other coordinated services.

Rochester Outpatient Clinic (ROPC)

In 1997, the Rochester Outpatient Clinic became affiliated with the Canandaigua VA Medical Center as part of a general reorganization occurring throughout the VA. ROPC is a large outpatient facility, offering a full array of outpatient medical, behavioral health, psychiatric and specialty care services.

Center of Excellence at Canandaigua (CoE)

The Department of Veterans Affairs established the Center of Excellence at the Canandaigua VAMC in August, 2007 as a prevention and research center with the primary goal of reducing the morbidity and mortality in the Veteran population associated with suicide. To this end, the Center's mission is to develop and study Veteran-focused, evidenced-based, public health approaches to suicide prevention. The CoE at Canandaigua seeks to meet this mission through serving as a national, regional and local resource on suicide research and prevention and mental health through a number of interrelated foci, including basic research, data and informatics, and education. The CoE also supports implementation research on several of VA's National Initiatives, including the VA's Veteran's Crisis Line and the Suicide Prevention Coordinator Program. Taken together, the CoE's activities constitute a public health approach to suicide prevention through: (1) conducting research to acquire a better understanding of suicide and attempted suicide of Veterans both in VA care and those not in VA care, especially during

periods of transition; (2) conducting studies to examine the impact of implementation of broadly based, national VA suicide prevention initiatives targeting early identification of Veterans at risk for suicide; (3) assessing and disseminating evidence based/best clinical practices for reducing the morbidity and mortality due to Veteran suicidal behaviors; and (4) engaging with community partners to identify Veterans outside VA's healthcare system who are at risk for suicide. The COE at Canandaigua comprises an interdisciplinary team representing the diverse fields of psychology, psychiatry, epidemiology, health services and economics, sociology, nursing, and social work.

Telehealth:

The Canandaigua VAMC is thrilled to offer training opportunities to psychology doctoral interns, utilizing telehealth (also known as telementalhealth, or TMH) as an alternative to traditional face-to-face visits, across the aforementioned rotations. We are passionate about and dedicated to treating Veterans with mental health concerns and look forward to sharing this experience with our new psychologists in-training. Using secure CVT technology (Virtual Care Manager Video Voice Connect - VVC), telehealth can offer a variety of services, to include: consultation; initial patient intakes and assessments; individual psychotherapy; couple and group psychotherapy; and specialized interventions (e.g., evidence-based treatments). Commonly provided services include brief intervention, Prolonged Exposure, Cognitive Processing Therapy, Acceptance and Commitment Therapy, Cognitive Behavioral Therapy for Insomnia, Behavioral Activation, and others.

TRAINING MODEL AND PROGRAM PHILOSOPHY

The training program is consistent with the Practitioner-Scholar Model that emphasizes the practical application of scholarly knowledge to psychological treatment and assessment, carried out in a clinical setting that supports professional development through thoughtful hypothesis testing, undergirded by competency-based learning and mentorship. The clinical experience allows for exposure to a diverse veteran population while highlighting the development of core skills required of clinical and counseling psychologists. These skills include: diagnostic and formulative clinical proficiency in the assessment of psychopathology, behavior, cognition, and emotions; proficient verbal and written articulation of clinical impressions, testing/diagnostic findings; and appropriate adaptation of theory- and data-based treatment strategies and interventions to a range of problem behaviors, psychosocial characteristics, and environments.

The overall aim of our training efforts is to prepare our graduates for successful placement into postdoctoral or entry level independent practice where they would operate as effective practitioners in various clinical settings, with the ability to deliver both psychological assessment and a wide variety of therapeutic interventions. Additionally, we aim to prepare graduates to function effectively as members of multidisciplinary teams, providing consultation in a wide variety of health care settings, and to practice in a highly ethical and professional manner, demonstrating appreciation of cultural and individual differences for colleagues and clients alike. A central focus of the training experience is the consistent use of scientific methods as foundational in clinical practice through staying up-to-date with the literature on empirically supported treatments; through developing competencies in evidence-based therapies and assessment strategies; and through learning to appreciate the effective use of therapeutic systems

by engaging in the process of ongoing assessment, hypothesis development and testing, and the appropriate adaptation of evidence-based approaches to specific clinical situations

The afore-mentioned goals will be accomplished via the attainment of internship training competencies designed to build upon the basic clinical skills acquired in graduate training and externship experiences.

To ensure the highest training quality, the Internship program will focus on developing trainees' competencies in the following areas: research, ethical and legal standards, individual and cultural diversity, professional values attitudes and behaviors, communication and interpersonal skills, assessment, intervention, supervision, and consultation and interdisciplinary skills. These competencies are designed to build upon those acquired in prior graduate training in a manner that demonstrate sequential, cumulative, and graduated levels of complexity, with an identified minimum level of successful achievement necessary to meet both program expectations and the interns' tailored training objectives.

TRAINING COMPETENCIES

Research

Trainees must demonstrate : 1) independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level; 2) Independent ability to seek out, summarize, and critically discuss/evaluate scientific literature related to current clinical work, to identify empirically-supported treatments and strategies to effectively address patient problems; and 3) independent ability to systematically apply research findings in a hypothesis-driven approach to case conceptualization and treatment.

Ethical and Legal Standards

Trainees must demonstrate: 1) knowledge of and act in accordance with (a) the current version of the APA Ethical Principles of Psychologists and Code of Conduct; (b) relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and (c) relevant professional standards and guidelines; 2) independent ability to recognize ethical dilemmas as they arise in research and/or clinical practice; 3) ability to apply ethical decision-making processes in order to resolve recognized dilemmas; and 4) the ability to conduct oneself in an ethical manner in all professional activities.

Individual and Cultural Diversity

Trainees must demonstrate: 1) an understanding of how one's own personal/cultural history, attitudes, and biases may affect how the intern understands and interacts with people different from themselves; 2) knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service; 3) the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities), including application of a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of one's career, and the ability to work effectively with individuals whose group membership

demographic characteristics, or worldviews create conflict with one's own; and 4) ability to independently apply one's knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

Professional values, attitudes and behaviors

Trainees must demonstrate: 1) the ability to behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others; 2) the ability to consistently engage in self-reflection regarding personal and professional functioning and in activities that maintain and improve performance, well-being, and professional effectiveness; 3) the ability to actively seek and demonstrate openness and responsiveness to feedback and supervision; 4) the ability to respond professionally in increasingly complex situations with a greater degree of independence as they progress through their training; and 5) the ability to identify and develop specific area(s) of expertise and early career focus.

Communication and interpersonal skills

Trainees must demonstrate: 1) the ability to develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services; 2) the ability to produce and comprehend oral communications that are informative and well-integrated; 3) the ability to produce and comprehend nonverbal communications that are informative and well-integrated; 4) the ability to produce and comprehend written communications that are informative and well-integrated; 5) the ability to grasp of professional language and concepts; and 6) the ability to develop effective interpersonal skills and manage difficult communication.

Assessment

Trainees must demonstrate: 1) the ability to select and apply assessment methods that draw from the best available empirical literature and reflect the science of measurement and psychometrics; 2) the ability to collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient; 3) the ability to interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective; 4) the ability to communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences; 5) the ability to demonstrate current knowledge of functional and dysfunctional behaviors, including consideration of client strengths and psychopathology; 6) the ability to apply knowledge of client strengths and psychopathology to the assessment process with sensitivity to cultural and individual differences; and 7) the ability to effectively integrate suicide risk assessment into the overall assessment process, consistent with the standards of practice.

Interventions

Trainees must demonstrate: 1) the ability to establish and maintain effective relationships with the recipients of psychological services; 2) the ability to develop evidence-based intervention plans using a systematic, hypothesis-driven approach to case conceptualization, formulation of

problems and goals, and selection of treatment activities; 3) the ability to implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables; 4) apply the relevant research literature to clinical decision-making; 5) the ability to modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking; 6) the ability to evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluations; and 7) the ability to effectively engage patients who are at risk for suicide or other forms of violence in safety planning.

Supervision

Trainees must demonstrate: 1) knowledge of supervision models, concepts, principles, theories, and strategies; and 2) the ability to apply knowledge of supervision in direct or simulated practice with psychology trainees or other health professionals or trainees.

Consultation and interprofessional/interdisciplinary skills

Trainees must demonstrate: 1) knowledge and respect for the roles and perspectives of other professions; 2) the ability to apply knowledge about consultation in direct or simulated (e.g., role played) consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior; and 3) the ability to form collaborative inter-professional relationships and effectively represent psychological understanding of issues to non-psychologist staff.

Program Structure

Internship Structure

The internship starts in early July each year and lasts for a full calendar year. Interns' tour of duty is Monday through Friday from 8:00am to 4:30pm. The internship is designed as a full-time 40 hours per week program. Interns are provided sufficient unscheduled time to complete their documentation and engage in ad-hoc supervision throughout the week. To fully benefit from the available clinical experiences, interns are encouraged to participate in clinics at the Canandaigua facility and the Rochester outpatient clinic. Interns will engaged in approximately 15 hours of face-to-face direct service delivery per week (either virtually through voice-video connect (VVC) or in-person) at the beginning of the training year, with an increasing level of responsibility gradually added in accordance with their professional development.

The internship is organized into three four-month training rotations; interns work in one or possibly two programs during each rotation. We require that the intern complete two major rotations for their track that allow for both inpatient (Community Living Center) and outpatient experiences. The remaining rotation may be used as an elective and may be selected by the intern from a variety of available programs. In addition, there is time dedicated for "out of rotation" training experiences, such as long-term therapy cases supervised by psychologists in various outpatient or inpatient clinical settings as well as weekly assessments supervised by Dr. Bridges, Dr. Rhyner, Dr. Connery, and/or Dr. Dumitrescu. Rotations are selected from the options below based on individual training needs and the program requirements for competency acquisition and broad clinical exposure.

Thursday mornings are reserved for the Neuropsychometrics Seminar and weekly Didactics seminar /case presentation, which will be held in the Building 9B conference room, or virtually (utilizing Webex or Microsoft Teams) to observe social distancing. The Didactics seminar is scheduled from 10:00 am to 12:00 pm and covers a variety of topics including but not limited to Cultural Diversity, Ethics and Professional Development, PTSD, Neuropsychological Assessment, Psychopharmacology, and various Evidence-Based Psychotherapies (EBPs). Thursday 1:00pm to 2:00 pm is reserved for the Personality Assessment seminar. Group supervision will take place on Thursday afternoon with a designated clinical supervisor. The schedule for the rest of the week will depend on the intern's specific training plan with consequential variability in the weekly schedule of individual interns.

Following the completion of the VA Office of Academic Affiliation (OAA)-approved employee orientation, the interns meet with the Training Director for program orientation and development of individualized training plans. Available rotations and educational activities are reviewed and interns develop their training plans for the year, under the guidance of the Training Director and other clinical supervisors.

A typical training week might look as follows:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	work on rotations, therapy, assessments or other clinical activities	work on rotations, therapy, assessments or other clinical activities	work on rotations, therapy, assessments or other clinical activities	Neuropsychometrics; seminars and didactics including case presentations Professional development	work on rotations, therapy, assessments or other clinical activities
PM	work on rotations, therapy, assessments or other clinical activities	work on rotations, therapy, assessments or other clinical activities	work on rotations, therapy, assessments or other clinical activities	Personality Assessment seminar, Group Supervision, Bi-weekly meeting with training director-professional development	work on rotations, long term therapy, assessments, or other clinical activities

Internship Tracks and Rotations

Our internship program allows the opportunity for interns to participate in one of two internship tracks. The **Mental Health Track** includes but is not limited to outpatient mental health, substance abuse treatment, and training on the continuum of care involved with the treatment of trauma-related difficulties. The **Neuropsychology Track** includes but is not limited to outpatient Neuropsychology clinics, Home Based Primary Care, inpatient CLC/ Geriatric Neuropsychology and Geriatric Evaluation and Management clinics. While interns in each track will complete rotations specific to that concentration, there is sufficient flexibility built into an intern's schedule to allow for wide range of training experiences. Selection of rotations is based on the interns' background and interests.

Mental Health Track

The focus of training in the Mental Health track is to help the intern learn to develop consistent and well-articulated methods for approaching the application of psychological and behavioral techniques to the amelioration of distress and the promotion of health. These methods require explicit definition of focal problem behaviors, elaboration of relatively stable personal-social characteristics and aspects of the person's life environment which might interact with problem behaviors or treatment, and the coordination of these client variables with staff and treatment variables. Such comprehensive methods lead naturally to the coordination of assessment, treatment, research, and program planning as a coherent whole. Interns completing this track will be prepared to function as a psychologist in a variety of settings or to complete a specialty post-doctoral fellowship.

Areas of emphasis within the Mental Health Track include:

- assessment and treatment of posttraumatic stress disorder.
- assessment and treatment of military sexual trauma.
- psychology's contribution to the treatment of substance abuse problems and the integration of substance use and psychiatric treatment.
- personality assessment as a guide to treatment planning.
- consultation with Suicide Prevention Coordinators (SPCs) and Homeless Points of Contact (POCs) throughout the VA.
- treatment of a wide variety of behavioral- and emotional-regulation difficulties.
- recovery-based treatment for serious mental illness.
- psychology's role in promoting healthy behavior.
- short- and long-term therapy with primary-care patients at home, including older adults and individuals receiving palliative/supportive care services.
- program design, implementation, management and evaluation.
- psychology department administration.

Neuropsychology Track

Interns completing the Neuropsychology Track will be specifically prepared to enter a post-doctoral fellowship in Neuropsychology in accordance with the Houston Conference guidelines. The intern will have the opportunity to participate in a variety of clinical settings and develop skills in:

- comprehensive inpatient and outpatient neuropsychological assessment with both younger and older adults.
- neuropsychological assessment, planning, and integration of treatment from a polytrauma perspective.
- neuropsychological assessment and behavioral management of clients affected by dementia who reside in residential or home settings.

Required Training Activities

All interns are expected to develop advanced skills in the basic principles of short-term individual psychotherapy for a wide variety of complaints and types of psychological problems and learn to utilize techniques relevant to the Veteran population. Treatment emphasis will focus on empirically supported specific and non-specific therapy approaches/strategies delivered in individual and group settings, including cognitive-behavioral treatment and motivational interviewing. To accomplish this, interns will:

- Gain experience in evidence-based treatments/cognitive-behavioral therapies (can occur in PTSD/trauma-related settings or other outpatient mental health rotations).
- Maintain a minimum weekly caseload of 5 individual therapy cases/hours.
- Facilitate or co-facilitate at least one weekly therapy/skills-training group.
- Complete the Motivational Interviewing Training Workshop (can be further refined in Substance Use Disorder treatment or other mental health rotations).
- Staff Training in Assisted-living Residences (STAR-VA). The interns will learn to develop behavioral modification interventions to manage disruptive behaviors in patients with dementia, using the STAR-ABC model, and will engage in weekly consultation/behavioral rounds with the treatment team and support staff regarding the implementation of behavioral plans.
- Engage in at least one hospice experience during the training year.

All interns are expected to develop skills in systematic inquiry through a broad range of assessment techniques, hypothesis-testing, and clinical case conceptualization methodologies. These skills provides a solid foundation for understanding the underpinnings of various psychiatric disorders and brain-behavior relationships. Therefore, we support the intern's clinical development through sustained exposure to current assessment practices and evaluation of empirical data within the context of assessment clinics involving personality assessments and clinical neuropsychology. This provides a strong foundation for the biopsychosocial conceptualization of a wide range of disorders and enhances an intern's clinical repertoire and ability to provide clinical consultation across multiple medical/mental health settings. To accomplish this, interns will:

- Participate in the weekly Neuropsychometrics Seminar and Personality Assessment Seminars.
- Conduct weekly psychological/neuropsychological assessments; 12 of these assessments must be comprehensive evaluations (written reports) demonstrating multiple source data integration, coherent diagnostic impressions, and relevant treatment and management recommendations.

Specific track training requirements

Mental HealthTrack: For each major rotation in which treatment is a significant element, the intern(s) will be expected to be involved in at least one therapy group and at least 5 individual psychotherapy cases specific to that rotation. In minor rotations, the supervisor of that rotation will determine the treatment requirements with the approval of the Training Committee.

Neuropsychology Track: Interns complete weekly inpatient and/or outpatient neuropsychological evaluations per week during their Neuropsychology rotation. Assessments usually consist of a flexible battery which is selected according to the referral question and the patient's clinical setting. The intern works with the supervisor to compile the necessary battery and participate in administration of tests, scoring and interpretation of test results, report writing, and feedback delivery. During the Community Living Center/Geriatric Neuropsychology rotation, the intern utilizes the core neurocognitive battery designated for inpatient evaluations. Under the guidance of the clinical supervisor, modest modifications can be made to the battery depending on the referral question (e.g., financial capacity evaluation) and/or the patient's functional and/or cognitive limitations (i.e., patient unable to engage in paper and pencil tasks).

The intern and the training director will develop a tentative plan for meeting these experience requirements, which is then reviewed by the Training Committee. Specific times assigned to each clinic are coordinated based on the collective schedules of all the interns. Several of the rotations can or will involve experiences in both locations (Canandaigua, Rochester).

Rotations

Rotation placements are the learning settings chosen by interns with the guidance of Training Director and supportive staff. There are a variety of available placements for both tracks, each with different strengths and limitations. Interns are encouraged to choose rotations that will broaden their experience and skills. It is likely that each intern will find that there are many training opportunities that can fulfill his or her training needs.

Internship rotations, as well as their duration and order, are selected to maximize the achievement of each intern's training goals and the core competencies. The interns are expected to devote a minimum of 60% of their time to clinical activities related to their major rotations. Minor rotations are optional and typically involve one day per week and are relatively narrow in focus. Interns should expect to devote up to 20% of their time to clinical activities related to their minor rotation. Minor rotations are made available to all interns to encourage a broad exposure to different types of training experiences and supervisors. Each intern will complete major rotations with the option to engage in minor rotations to provide a breadth of training experiences.

It is expected that Mental Health Track interns will focus on training experiences in the relevant areas listed above, while Neuropsychology Track interns will complete most of their training experiences in neuropsychology settings. However, all interns will engage in weekly assessments throughout the training year, to hone testing skills and add knowledge to their professional repertoire.

Neuropsychology Track interns are encouraged to schedule their neuropsychological training experiences early in the internship year in order to position themselves to apply for post-doctoral

fellowships in neuropsychology, since most residency programs require that interns complete the majority of their neuropsychology training hours before applying for fellowship. We want to emphasize again, however, that given the structure of the training program, interns from each track will have ample opportunity to complete rotations in a variety of areas to provide them with a well-rounded training experience.

Each intern will be expected to have sufficient rotations in assessment and therapeutic interventions to be able to conceptualize cases at a level which specifies concrete problem behaviors or improvement goals, relatively stable personal-social variables which might moderate or mediate the expression of problems, other factors which might interact with treatment effectiveness, life environments which interact with problems or goals, and treatment modalities and environments which might affect treatment effectiveness.

Each program at Canandaigua VAMC and the Rochester VA Outpatient Clinic (ROPC) is organized around multidisciplinary clinical treatment teams, which may include representatives from any or all of the following professions: Psychology, Psychiatry, Geriatric Medicine, Social Work, Nursing, Recreational Therapy, Speech Therapy, Physical/Occupational Therapy, Addiction Therapy, as well as representatives from health care for homeless veterans, vocational rehabilitation counseling, and peer support. Each provider contributes content for the treatment plans, but that content is worked out in consultation with the other members of the treatment team. The programs themselves work together extremely well, often sharing clients and coordinating care across programs, with treatment plans reflecting this coordination. Treatment is also regularly coordinated across the VA Medical Centers in VISN 2, with frequent referrals to and from the Buffalo VAMC, Syracuse VAMC, Albany VAMC, Bath VAMC, the Batavia PTSD and Women's Residential Programs, and the CBOCs throughout the network. In addition, the VISN 2 focus on integrated care has allowed for introduction and utilization of medical charting software granting providers from multiple disciplines the opportunity to contribute to the development of a single comprehensive treatment plan.

The following programs will be available to provide training rotations to interns. These rotations are assigned based on training preferences and needs.

Program Name	Features/Stats	Possible Internship Foci
Outpatient Mental Health – PTSD Focus	PTSD-trained psychologists are available within the Outpatient Mental Health Clinic. They provide services to veterans with military and non-military trauma, including PTSD, MST, and moral injury. A Military Sexual Trauma specialist and psychiatric consultation with several prescribers is also available to provide interdisciplinary care.	Prolonged Exposure Cognitive Processing Therapy Military Sexual Trauma Seeking Safety/STAIR group PTSD Assessment
Neuropsychology	Neuropsychological evaluations for various neurocognitive and neuropsychiatric disorders.	Neuropsychology assessment experiences are available in Canandaigua and ROPC, in the community through Home-Based Primary Care, and in the Community Living Centers.
Community Living Centers Geriatric Neuropsychology/ Geropsychology	The psychologist in the CLCs conducts assessments and provides consultation to the treatment teams on neurocognitive and behavioral issues; geropsychiatric disorders; and hospice and palliative care	Behavioral Treatment Planning, Neuropsychology Assessment Hospice and Palliative care, Geriatric Evaluation and Management
General outpatient Mental Health	Psychologists involved with Behavioral Health work in a multidisciplinary team and provide consultation to other programs.	CBT for Depression ACT for Depression CBT for Insomnia Dialectical Behavior Therapy skills training modules Motivational Interviewing
Research; Center of Excellence for Suicide Prevention	Psychologists in the CoE are involved in a range of research efforts (VA, Department of Defense, and National Institutes of Health). Projects are often interdisciplinary in nature and may involve primary care, mental health residential rehabilitation treatment programs, community living centers and inpatient psychiatric care.	Primary CoE research focus is on suicide prevention, with opportunities to pursue research in other areas such as Older Veterans, Chronic Pain, Inpatient/High Risk Patients, Moral Injury, Substance Use Disorders, Sleep Disorders, and Pharmacoepidemiology
Psychosocial Rehabilitation & Recovery Program	The PRRCs are committed to a thorough Recovery-oriented approach to treatment for clients with SMI.	Patient-Centered Therapy Social Skills Training in Schizophrenia Illness Management & Recovery Multi-group Family Psychoeducation Program Planning

Home-Based Primary Care (HBPC)	There are two interdisciplinary HBPC teams, one based in Canandaigua, the other based in Rochester. Each team sees patients within a 50-mile radius. The teams consist of a physician, psychologist, social workers, nurse practitioners, nurses, physical therapist, occupational therapist, and recreational therapist. The teams' total combined average daily census is approximately 300 patients.	Cognitive evaluation with a geriatric focus; short-term and long-term supportive psychotherapy with mostly older veterans in a primarily palliative/supportive home-based setting.
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Rotation Descriptions:

Combined Outpatient Mental Health, Posttraumatic Stress Disorder (PTSD), and Military Sexual Trauma (MST) Rotation

In the interest of offering maximum opportunity to work with PTSD, MST, and general mental health concerns, we offer a combined rotation comprising a range of clinical and supervisory experiences. This rotation is only available at the Canandaigua site.

Outpatient Mental Health Treatment

The Outpatient Mental Health Clinic provides an array of services and clinical supervisors. This allows psychology interns to select a set of training experiences focused either on a set of services they are interested in developing (e.g., Cognitive-Behavioral Treatment for Depression) or a clinical population that the intern with which would like to gain more experience (e.g., substance use clients with anger problems). The following foci are available:

- comorbid PTSD and substance use disorders;
- longer-term trauma-informed care for non-combat, non-military and complex trauma;
- moral injury;
- general outpatient mental health conditions (depression, anxiety disorders, anger, impulse control problems);
- personality dysfunction (borderline, antisocial, paranoia, behavioral impulsivities);
- Military Sexual Trauma;
- Dialectical Behavior Therapy skills training modules;
- Cognitive Processing Therapy and Prolonged Exposure for PTSD;
- Cognitive Behavior Therapy (for depression, anxiety disorders, anger);
- Cognitive Behavior Therapy for Insomnia;
- Cognitive Behavior Therapy for Chronic Pain;
- Cognitive Behavior Therapy for Hallucinations, Delusions, and Paranoia
- Motivational Interviewing and Motivational Enhancement Therapy;
- Interpersonal Psychotherapy for Depression;
- Acceptance and Commitment Therapy;

- Brief therapies such as Problem-Solving Training, Brief Behavioral Treatment of Insomnia, Image Rehearsal Therapy for Trauma-Related Nightmares;
- Cognitive Behavior Therapy for Intimate Partner Violence;
- Group treatments (CBT for Depression, Mindfulness-Based Cognitive Therapy for Depression, Brief Behavioral Treatment of Insomnia, Image Rehearsal Therapy for Trauma-Related Nightmares, CBT for Anxiety, CBT for Anger, CBT Skills Workshop; various Illness Management & Recovery groups; PTSD psychoeducation and coping skills groups; Seeking Safety, Problem-Solving, Gambling Recovery, 12-Step Facilitation, Memory Remediation);
- Psychological Assessment and Consultation.

A range of supervisors who work with these clinical populations or who have expertise in the desired therapy approaches are available. In addition, the Outpatient clinics are structured around integrated treatment teams (the Behavioral Health Integrated Program, or BHIP Teams), which include a range of providers from different disciplines.

Military Sexual Trauma (MST) focus:

The MST focus offers the opportunity for specialized training in assessment, treatment planning, and individual and group psychotherapy with Veterans who have experienced interpersonal trauma during their military service. Veterans working with the MST specialist have been referred by their provider to engage in trauma processing treatment. Psychological assessment and the delivery of evidence-based therapies (in both group and individual therapy formats) are the focus of training in this rotation. Training is provided in various empirically-supported treatments for PTSD with Veterans. The MST program integrates mindfulness, Dialectical Behavioral Therapy, Cognitive Processing Therapy, and Prolonged Exposure therapy. Interns are supervised in incorporating elements of these treatments into their clinical practice to various degrees, depending upon their previous therapy experiences. Interns are expected to hone their skills as a practitioner-scholar by functioning as an informed consumer of relevant research and utilizing research to inform their clinical practice. A significant aspect of increasing your proficiency with this population involves a mindful awareness of countertransference, healthy boundary setting, and other aspects of self-care. An open dialogue about these issues will be critical to increasing your effectiveness with this population.

Psychosocial Rehabilitation & Recovery Program (PRRC) / Severe Mental Illness (SMI)

The Severe Mental Illness Rotation is designed to train predoctoral psychologists to work with persons living with severe mental illness, with a focus on using a recovery model approach. Using a strengths-based approach, psychology interns will help veterans develop recovery goals so veterans can live the lives they want to live in the communities of their choice. Assisting veterans in connecting with the community is an integral part of this approach. Interns will have the opportunity to provide individual and group psychotherapies as well as psychoeducation to veterans and couples presenting with a wide range of problems, including Schizophrenia, Bipolar Disorder, Severe Depression, and PTSD. These veterans often have co-morbid substance abuse and legal difficulties. Opportunities exist to co-facilitate psychotherapy groups aimed at co-morbid substance abuse disorders and specific symptom management. (e.g., Mind Over Mood).

Interns will work with Health Care for Homeless Veterans (HCHV) and Veterans Justice Outreach staff to develop comprehensive treatment interventions and will learn to advocate for veterans with medical providers who may not be familiar with SMI.

Outpatient Neuropsychology

The outpatient neuropsychology rotation allows for assessment of a wide array of clinical conditions. Referrals come mostly from Primary Care, VA Polytrauma clinic, and the Behavioral Health clinic. Interns begin by first observing several cases through the process of chart review, interview, test administration and scoring, conceptualization, feedback and report writing. Participation in each area is gradually shaped toward mastery prior to an intern taking on the full procedural process under the close supervision of the neuropsychologist.

Interns learn how to conduct complete neuropsychological batteries with focus on their correct administration and scoring. Our psychometrist assists with teaching and monitoring their progress in this regard. A wide variety of common, updated neuropsychological tests are available for the intern to explore and use in their practice. Trainees learn to draw appropriate inferences from their findings and how to describe and integrate such into reports.

Typical cases include a full array of dementia conditions and generalized cognitive complaints that can evolve from metabolic syndromes, and vascular conditions such as hypertension and diabetes. Distinction between dementia, mild cognitive impairment, and normal aging is drawn. ADHD/learning disability cases are available, with the trainee learning how to distinguish a clinical disorder from comorbid conditions that could equally explain the presentation. Accent is placed on a comprehensive interview, including review of requested records and, where possible, discussion with parents. Formation of recommendations for learning accommodations to support further college or professional training are developed.

Additional focus of the clinic is the evaluation of cognitive status for returning Veterans from the wars in Afghanistan and Iraq; these frequently have the impact of combat-related traumatic brain injury as a focus of the evaluation. Traumatic brain injury from both combat/military causes and from civilian injuries is a frequent presentation. Trainees learn the natural and expected course of recovery between mild vs. moderate and severe traumatic brain injury conditions, and the role of existing comorbidities, such as PTSD, substance abuse and insomnia.

A strong feature of the rotation is to help the interns develop skills for providing useful feedback and recommendations. These may include the use of Motivational Interviewing for persuasive promotion of healthy lifestyle changes, compensatory strategies for Veterans with neuropsychological deficits, and recommendations for more targeted approaches to treatment and rehabilitation. The importance of developing effective rapport with Veterans and providing meaningful and useable personal feedback is routinely underscored. Interpretive findings are seen from within a full biopsychosocial perspective, with attention being given to the interrelations between brain-behavior relationships and social contexts.

Community Living Center/Geriatric Neuropsychology

This rotation offers training and experience in meeting the mental health needs of older adults and provides interns opportunity to see patients who present with variety of illness that affect neuropsychological and emotional functioning. The CVAMC Community Living Center (116 beds) is comprised of four units each with its focus of care delivery but an overall goal of restoring residents to maximum function, prevent further decline and maximize independence. Services delivered include short-term, restorative and rehabilitative care as well as long-term care for Veterans who meet eligibility criteria and require higher level of care due to chronic or degenerative diseases (e.g. vascular dementia, Alzheimer's, Parkinson's, ALS, or others). The CLC psychologist is an active member of the treatment team and provides therapy and assessment for veterans who are dealing with issues related to aging, loss of function, cognitive decline, and grief and loss.

The intern will learn to utilize appropriate neuropsychological evaluations with the CLC population by administering both brief neurocognitive batteries afforded to all patients, as well as more comprehensive neuropsychological evaluations for patients who require more extensive assessment. Assessments generally include conducting clinical interviews and administration of screening/neuropsychological measures to identify levels of cognitive and psychological functioning. Most frequent referrals questions addressed through this service examine patterns of cognitive deficits for differential diagnosis, evaluation of various aspects of capacity (e.g. financial, medical decision making) and assessment of functional independence, which help inform treatment planning. The trainee contributes actively to all phases of assessment, treatment planning, and intervention and provides feedback to the veteran, their family, and to the geropsychiatry and interdisciplinary team. Additionally, the intern participates in a weekly Geriatric Evaluation and Management clinic and works along providers from multiple disciplines (Social Work, Geriatric medicine, Pharmacy, dementia care coordinator, and nursing) with a focus on providing a comprehensive evaluation of patient's cognitive, functional, medical, pharmacological, and psychosocial challenges. At the end of each clinic encounter, the intern reviews findings with other team members and provides meaningful and practical feedback to the veteran and his or her family members.

Geropsychology (minor rotation)

The rotation also offers training and experience on our 10-bed *Hospice and Palliative Care* unit where intern will learn to provide psychological care for terminally ill veterans and their families as they face end-of-life concerns.

Individual therapy for veterans on our Community Living Center neighborhoods (brief Cognitive Behavior Therapy, adjustment to illness, change in lifestyle, problem solving, behavior modification, relaxation training, etc.).

Home Based Primary Care (HBPC)

Interns will learn how to function as a consultant of an interprofessional medical/mental health team and provide psychological services for adults who present with various cognitive and functional challenges, including those in advanced stages of chronic disease. Similar to the CLC rotation, interns will learn to complete integrated assessment reports based on medical record reviews; clinical, collateral, and staff information; and data from psychological and neuropsychological measures. HBPC will help interns gain an appreciation for the differences between clinical and home-based presentations.

Research (minor rotation)

Interns will have the opportunity to work directly on a research project and receive supervision from a Canandaigua VAMC or Center of Excellence for Suicide Prevention (CoE) researcher. The goals of this elective rotation are: 1) gain exposure to public health approaches to suicide prevention, 2) obtain broad exposure to VA research, 3) improve manuscript writing and presentation skills, and/or 4) conduct a pilot study that compliments the Research Supervisor's ongoing research. Given the time constraints associated with the internship year, interns will be encouraged to pursue the secondary analysis of existing data. The proposed collection of pilot data will be evaluated on a case-by-case basis with consideration given to the feasibility of project completion within the internship year. It is our expectation that the project result in submission of a scholarly product by the conclusion of the rotation (e.g., presentation of an abstract at a conference; author of a manuscript). While the specific content and timeline of the rotation will be collaboratively decided by the supervisor and Psychology Intern, the rotation must fit within the Intern's greater internship goals. Additional training activities may include: a) participation in active research protocols as an assessor or study therapist, b) attending CoE Investigator Meetings, c) attending select Professional Development Seminars offered by the CoE, or d) behavioral health autopsy interviews with the with family members of Veteran suicide decedents.

To encourage the timely completion of the internship year, this rotation is reserved for interns that have successfully defended their dissertation. Interns must also dedicate 4-6 hours per week and commit a minimum of 6 months to the rotation.

The Center of Excellence for Suicide Prevention

<https://www.mirecc.va.gov/suicideprevention/>

The VA established the Center of Excellence for Suicide Prevention (COE) in August 2007 as a prevention and research center with the overarching goal to reduce morbidity and mortality associated with suicide among the Veteran population. The COE has adopted a public health approach to suicide prevention that is informed by the U.S. National Strategy for Suicide Prevention. This perspective has come to define our Center and is widely regarded as the comprehensive approach to prevention, which includes five broad, evidence-based systematic steps (surveillance; risk & protective factors research; develop/test intervention; implement intervention; evaluation). The COE is comprised of an interdisciplinary team representing the diverse fields of public health, psychology, psychiatry, epidemiology, health services, economics, sociology,

nursing and social work. We employ over 40 staff including investigators, research support (coordinators, research assistants) and administration that work to ensure the success of our projects. The COE also provides data management and analytic support to several of VA's National Suicide Prevention Initiatives including the Suicide Data Repository (SDR), Suicide Prevention Applications Network (SPAN), Behavioral Health Autopsy Program (BHAP), Veterans Crisis Line (VCL), employee trainings such as Operation S.A.V.E., and public education and outreach implemented by the Suicide Prevention and Community Engagement Program Office. Our offices are located at the Canandaigua VA Medical Center in central New York, with a satellite research office shared with the VA Center for Integrated Healthcare (CIH) at the Rochester Outpatient Clinic and at the Syracuse VA Medical Center.

Canandaigua VAMC and the Center of Excellence for Suicide Prevention (CoE) staff are involved in a range of research efforts including work on VA, Department of Defense, and National Institutes of Health funded projects. Research projects are often interdisciplinary in nature providing interaction with a variety of health disciplines and in a variety of settings (e.g., primary care; mental health residential rehabilitation treatment programs; community living centers; inpatient psychiatric care).

While the CoE research portfolio is focused on suicide prevention, the investigators at the CoE have a diverse range of research interests. Opportunities may be available in the following areas depending on Research Supervisor availability or interest.

CoE Research staff:

- Chronic Pain: Lisham Ashrafioun, PhD; Wilfred Pigeon, PhD
- Inpatient/High Risk Patients: Peter Britton, PhD
- Substance Use Disorders: Lisham Ashrafioun, PhD; Todd Bishop, PhD, Stephanie Gamble, PhD
- Sleep Disorders: Todd Bishop, PhD; Wilfred Pigeon, PhD
- High Risk Patients: Craig Bryan, PsyD
- Public Messaging: Liz Karras, PhD
- Pharmacoepidemiology: Jill Lavigne, PhD

Didactics seminars and Continuing Education

Interns are expected to arrive to their internship having had at minimum basic courses in personality and psychopathology and psychological theory. Our didactic activities which account for approximately 10% of intern's time, focus on translating acquired knowledge/theory to applied clinical work through presentations, lectures, seminars and case studies which highlight technical information about specific diagnostic and treatment modalities, review of pertinent literature informing treatment in the Veteran population, and addressing any ethical issues that arise in the clinical setting. These learning experiences are augmented by lectures at the University of Rochester Departments of Psychiatry Grand Rounds and relevant community-based lectures or training opportunities. You can find information about the Grand Rounds topics meeting time and location at <https://www.urmc.rochester.edu/psychiatry/education/grand-rounds.aspx>. Monroe

Community Hospital-Geriatric Medicine Grand Rounds, sponsored by the Finger Lakes Geriatric Center are available. See <https://www.urmc.rochester.edu/medicine/geriatrics/flgec/grand-rounds.aspx> for times and location.

Interns participate in weekly Psychology Didactics, and professional development meeting with the Training Director, the weekly Neuropsychometrics and Personality Assessment seminars, a four lecture series on Psychopharmacology offered by CVAMC lead psychiatrist, and any additional educational opportunities as selected by the intern's supervisor.

Topics covered in our weekly didactics are diverse and encompass a wide range of clinical domains within the practice of professional psychology. These include but are not limited to identification and management of patient suicide risk, violence prevention and intervention, diversity and individual differences as keys to understanding in assessment and treatment, ethical dilemmas in health care, and much more. Interns have direct involvement in designing the Didactic series content to meet class needs each year.

Here is the current didactics schedule for 2022-2023:

Date	Presenter	Topic
07/7/2022	Dr. Dumitrescu	Program Orientation
07/14/2022	Dr. Kittleson & Dr. Davidson	Military Culture
07/21/2022	Dr. Britton	Suicide Risk Assessment Strategies in the VA
07/28/2022	Dr. Wilkes	Military Sexual Trauma
08/04/2022	Dr. Britton	Motivational Interviewing: Basic Course (class 1&2)
08/11/2022	Dr. Britton	Motivational Interviewing: Basic Course (class 3&4)
08/18/2022	Dr. Britton	Motivational Interviewing: Basic Course (class 5&6)
08/25/2022	Dr. Britton	Motivational Interviewing: Basic Course (class 7&8)
09/01/2022	Dr. Gibson & Dr. Sheu	Romantic, Erotic, and Sexual Transference and Countertransference
09/07/2022	Dr. Barry	Practical Psychopharmacology
09/08/2022	Dr. Rhyner	Neuropsychological Assessment
09/14/2022	Dr. Barry	Practical Psychopharmacology
09/15/2022	Dr. Dumitrescu	Report Writing and Feedback Neuropsychological Screening of Dementia
09/21/2022	Dr. Barry	Practical Psychopharmacology
09/22/2022	Dr. Decancq	Diagnostic Clinical Interviewing for PTSD
09/29/2022	Dr. Gibson	Moral Injury

10/06/2022	Dr. Pecora-Sanefski	Dementia Caregivers and REACH-VA
10/13/2022	Dr. Dumitrescu	Capacity Evaluation
10/20/2022	Dr. Connery	Therapy at the end of life; Dying ethics
10/27/2022	Vince Schillaci	Intimate Partner Violence Assessment
11/03/2022	End of 1st Rotation	Review of Training Goals
11/10/2022	Dr. Bridges	Diversity Training
11/17/2022	Dr. Wilkes	DBT Skills
11/24/2022		Thanksgiving
12/01/2022	Dr. Tatelman	Refining Your CBT Skills
12/08/2022		LGBT Issues
12/15/2022	Dr. Wilson	Recovery-Oriented, Evidence-Based Care for SMI
12/22/2022	Dr. Rhyner	Neuropsychology of TBI
12/29/2022		Holiday Week
01/05/2023	Dr. Bridges	Psychosocial Treatments for Substance Use Disorders
01/12/2023	Dr. Dumitrescu	Supervision and training: developing supervision competencies
01/19/2023	Dr. Matteson-Rusby	Sleep & Sleep Disorders/ CBT-I
01/26/2023	Dr. Gibson	Religion and Spirituality in Clinical Practice
02/02/2023	Dr. Wilkes	Prolonged Exposure for PTSD
02/09/2023	Interns	Intern Case Presentations
02/16/2023	Dr. Gamble	Interpersonal Psychotherapy
02/23/2023	Dr. Connery	Bereavement Theory & Therapy
03/02/2023	End of 2nd Rotation	Review of Training Goals
03/09/2023	Dr. Speed	Image Rehearsal Therapy
03/16/2023	Dr. Boska	CPT for PTSD
03/23/2023	Dr. Matteson-Rusby	Chronic Pain Assessment and Interventions
03/30/2023	Dr. Rhyner	Neuropsychology of Depression & PTSD
04/06/2023	Interns	Intern Dissertation Presentations/Job Talk
04/13/2023	Dr. Bridges	Enhancing Motivational Interviewing Skills

04/20/2023	Dr. Wilson & Dr. Pecora-Sanefski	EPPP Preparation
04/27/2023	Dr. Titus	TBD
05/04/2023	Dr. Dumitrescu	Clinical Ethics/Bioethics-Using the CASES approach to address ethical dilemmas in clinical settings
05/11/2023		Graduations
05/18/2023	Dr. Decancq	Other Tools for PTSD
05/25/2023	Dr. Bridges	Acceptance and Commitment Therapy
06/01/2023	Interns	Intern Clinical Neuroanatomy Presentations
06/08/2023	Dr. Dumitrescu	Career development: Interdisciplinary team building assessment and mitigation of employee risk (WVPP)
06/15/2023	Dr. Rhyner	Intergroup Monopoly Diversity Experience
06/22/2023	Dr. Dumitrescu	Final Review/ End of Rotation

Special Training and Workshops:

Program offers special trainings and workshops throughout the year with focused topics such as Psychopharmacology, Advanced Psychopathology Test interpretation, Neuropsychometric/Assessment, Motivational Interviewing training, and STAR-VA – Staff Training in Assisted living Residences – training focused behavioral modification interventions to manage disruptive behaviors in patients with dementia.

Supervision and Evaluation

Supervision is the primary vehicle for experiential learning and role modeling. Every effort is made to provide interns with an opportunity to broaden their professional thinking through exposure to supervisors representing diverse clinical and theoretical orientations. Interns may also engage in supervision with professionals from other mental health disciplines.

Interns receive a minimum of 2 to 2.5 hours per week of individual face-to-face supervision from qualified supervisors in each major rotation. In addition, interns receive 2 hours of group supervision each week on Thursday with the expected net total of at least 4.5 hours of supervision per week. Additional ad-hoc supervision may be acquired throughout the week as needed.

Evaluation

Evaluation is an integral component of the training program. It serves to assure quality performance and the accomplishment of training objectives. In accordance with VHA Handbook 1400 *Supervision of Associated Health Trainees* and supervision requirements the program evaluates a trainee's clinical experience, technical skill, judgment, and knowledge at the beginning and throughout the training year to ensure that training is sequential, cumulative, and

graded in complexity and assign the appropriate levels of responsibility to the intern for delivery of clinical care.

Regular informal and formal evaluation provides feedback about intern performance, ensures timely identification of clinical weaknesses or deficiencies, and guides active remedial efforts. In addition, interns provide routine program evaluations designed to assess the effectiveness of the program and staff in accomplishing training objectives.

Performance Evaluations

At the outset of the internship the interns will complete a self-evaluation to identify personal clinical strengths and weaknesses. Additionally, the intern will complete a self-evaluation at mid-year and end of the year which will be reviewed with the Training Director. At the beginning of the year the Training Director and interns will develop a formal training plan outlining training objectives, required activities, and caseload guidelines. This plan is reviewed with each supervisor at the beginning of each training experience and modifications are made as necessary.

The Training Director with input from intern's supervisors, completes a mid and end of the year ***DoT Intern Evaluation*** which allows for evaluation of both foundational and functional competencies, and identifies specific points of professional development relevant for internship training. This is a formal written evaluation, which is reviewed with the intern at mid and end of year, cosigned by TD and intern, and a copy is forwarded to the intern's graduate institution. Time2Track online programing is utilized to simplify both the recording of hours and the submission of evaluations.

The supervisor will initially determine intern's skill and competency level through an in-room observation of intern's clinical work. At midpoint and end of each rotation, supervisors complete the ***Clinical Supervisor's Evaluation of Doctoral Intern*** and review the intern's progress in achieving the rotation training objectives. At mid-rotation areas requiring improvement are identified and any changes to the intern's training plan are made as needed. A second in-room evaluation will be completed by the supervisor prior to completing the end-of-rotation evaluation, which identifies overall achievement during the rotation.

Program Evaluation. Continuous quality improvement is a major component of the internship program and feedback from interns is critical in evaluating and improving the quality of internship training. In addition to regular opportunities for feedback through supervisory meetings, interns are encouraged to provide direct feedback about the training program during feedback sessions with the Training Director. Additionally, interns are asked to provide formal written feedback about their experiences at the conclusion of each rotation. At the end of the training year, interns complete a comprehensive evaluation of the program with the training director. This information is used to improve programming for the following training year. Graduates of the program are surveyed periodically to determine how well the program has prepared them for their subsequent careers.

Continued monitoring of training effectiveness is a primary function of the Psychology Training Committee, which meets a minimum of once per month. One intern sits on this committee to

represent intern interests. Periodic internship faculty retreats are held to focus exclusively on the evaluation of training standards and objectives, and on program and curriculum development.

Minimal Level of Achievement (MLA) for completion of the internship:

Intern progress is assessed frequently and interns are provided with continual feedback (remediation if needed) in order to help shape successful development. To successfully complete the Internship and receive a certificate of completion of training, an intern must achieve the following requirements:

1. Intern must complete the entire year of training (i.e., 2080 hours).
2. Intern must be in “good standing” and removed from any probationary status.
3. Final ratings on the end-of-year Intern Competency Evaluation completed by the Director of Training will show ratings ≥ 3.0 (Intermediate Competence) on each of the individual behavioral elements. No individual behavioral element will have a rating below 3.0.
4. The intern's end-of-rotation Supervisory Evaluation for their last rotation will show ratings ≥ 3.0 (Intermediate Competence) on each of the rated individual behavioral elements. No individual behavioral element will have a rating below 3.0 (although some may be marked N/A on behavioral elements not directly covered in that rotation).
5. Intern must have conducted him/herself in a professional manner throughout the year with no identified significant ethical misconduct.
6. Intern must have presented one case and one job-talk to the Training Committee.
7. Intern must have completed administrative requirements such as signing all clinical records, returned ID to VA Police, returned keys to facility maintenance department, and signed all evaluations forms and any exit documentations required by facility Education department and Human Resources.

Administrative Policies

VA and Facility Policies:

Health Professions Trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director for your profession will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner. Current examples of this include ongoing and developing decisions related to COVID testing and vaccinations.

You can familiarize yourself with the VA's policy on drug testing of Health Professions Trainees (HPTs) by reading the "VA Drug-Free Workplace Program Guide for Veterans Health Administration (VHA) Health Professions Trainees (HPTs)," [here](#).

APPIC Policies:

This internship site agrees to abide by the [APPIC policy](#) that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.

Policy on Psychology Trainee Self Disclosure:

Consistent with the Ethical Code of the American Psychological Association, psychology trainees in the Canandaigua VAMC are generally not required to self-disclose sensitive topics (e.g. sexual history, history of abuse and neglect, psychological treatment or conditions, and relationships with parents/family members, peers, and spouses or significant others) during application to the program or during the course of training. However, situations in which a trainee's personal problems or condition could reasonably be judged to put patient care, the trainee, or clinical and educational operations at risk, are the only exceptions. This policy was developed and implemented as a means of providing a balance between the need for trust and personal privacy in the supervisory relationship where the supervisor is charged with the care of the patient and the safety of all staff members and trainees. In cases when self-disclosure of personal information is necessary, the required disclosure is limited to circumscribed information related to managing the specific clinical, safety, or patient care concern.

Privacy Policy:

We will not collect any personal information about the students who inquire about the program.

Grievance and Due Process Policy:

In the Canandaigua VAMC we combine professional experience with continuous program evaluation to maximize the abilities and minimize the liabilities of all participants. However carefully we strive to govern our program, there will be occasional problems, which require resolution. Our professional policies and procedures for managing these difficulties if they arise, are in keeping with the VHA handbook 1004.08 which provides federal regulations regarding due process and fair treatment of interns, and are outlined in detail in the Policy and Procedures Handbook which is distributed to all interns during the orientation.

Advisement and Termination:

Canandaigua VA Medical Center Internship program Due Process Policy governs dismissal from the psychology program. Implementation of termination proceedings is considered a last resort and it is initiated only in response to severe and persistent performance problems that involve unethical behaviors or legal violations of professional standards or laws, failure to satisfy professional obligations in a manner that violates the rights, privileges, or responsibilities of others, and appears unlikely to remediate by the end of the internship year, as determined by Training Committee.

An intern may also be terminated from the Internship program at any point during the year if the intern demonstrates behavior that seriously conflicts with the APA Ethical Principles of Psychologists and Code of Conduct (<http://www.apa.org/ethics/code/>) and/or Federal Employee Code of Conduct. In the event that termination is necessary, the Intern must abide by normal

clearance procedures dictated by facility Human Resources. Any VA property in the possession of the intern, must be promptly returned, and the ID card must be surrendered to the VA police. The documented procedures and events leading to the intern's termination will be reported to the intern's graduate program, and the Office of Academic Affiliations. All documentation of active grievances will be stored in a locked filing cabinet in the office of the Training Director and documentation of resolved grievances will be stored in a locked filing cabinet in the office of the training programs support specialist.

TRAINING STAFF

Psychology Staff of the Canandaigua VAMC, Rochester OPC, and Center of Excellence for Suicide Prevention

Name	Degree	Location	Program	Specialties
Ashrafioun, Lisham	PhD, Bowling Green State University	Center of Excellence for Suicide Prevention	Research	Pain, suicide prevention, opioids, substance use disorders, nonpharmacological treatments for pain
Bridges, James	PhD, University of Houston	Canandaigua VAMC	Outpatient Mental Health	SUD treatment, personality assessment, treatment program design, depression treatments, motivational interviewing
Britton, Peter	PhD, University of Arkansas	Center of Excellence	Epidemiology and Interventions Research Core	Suicide prevention, motivational interviewing
Bishop, Todd	PhD, Syracuse University	Center of Excellence for Suicide Prevention	Research, Education, Training and Dissemination Core	Sleep Disorders, Suicide prevention, CBT- Insomnia
Crane, Cory	PhD, Purdue University	Canandaigua VAMC	Psychosocial Rehabilitation and Recovery Center	Forensic psychology, treatment planning, recovery
Crasta, Dev	PhD, University of Rochester	Center of Excellence for Suicide Prevention	Research	Violence prevention (suicide & IPV), Couple & Family Therapies; Measure Development & Validation
Connery, April	PhD, University of Missouri – Kansas City	Canandaigua VAMC / ROPC	Home Based Primary Care	Bereavement, death & dying, CBT-pain

Decancq, Paul	PsyD, Wright State University	Canandaigua VAMC	Outpatient Mental Health	PTSD, program management, Cognitive Processing Therapy
Dumitrescu, Claudiu	PsyD, Roosevelt University, Chicago	Canandaigua VAMC ROPC	Community Living Centers, Geriatric Evaluation and Management	Neuropsychology, dementia/capacity evaluation geropsychology, behavioral treatment, Bioethics, Work Violence Prevention
Gamble, Stephanie	PhD, University of New York at Buffalo	Center of Excellence for Suicide Prevention	Research, Education	Suicide prevention, Interpersonal Psychotherapy, Behavioral Health Autopsy
Gibson, William	PhD, St. John's University	Canandaigua VAMC	Outpatient Mental Health Clinic	PTSD, moral injury, traumatic loss, religion/spirituality, supervision
Wilson, Amy	PhD, University of Maryland College Park	ROPC	Psychosocial Rehabilitation and Recovery Center	SMI, person-centered treatment planning, Recovery
Pigeon, Wilfred	PhD, Union Institute School of Professional Psychology, Cincinnati	Center of Excellence	Epidemiology and Interventions Research Core	Treating sleep disturbances in co-morbid conditions; treating sleep disturbance as a suicide prevention strategy; Sleep disturbance as a risk factor for suicidality and suicide; CBT-insomnia; CBT-pain; treatment of nightmares
Pecora-Sanefski, Bethany	PsyD, Long Island University, Post Campus	ROPC	PTSD Clinical Team/General Mental Health Clinic	Geropsychology, Mindfulness Interventions, Acceptance and Commitment Therapy, Caregiver Stress, Trauma-focused Psychotherapy

Rhyner, Kathleen	PhD, University of Kansas	Canandaigua VAMC / ROPC	Neuropsychology	Clinical Neuropsychology, TBI, Motivational Interviewing
Wilkes Chelsey	PhD, Rosalind Franklin University of Medicine and Science	Canandaigua VAMC	Military Sexual Trauma, PTSD	MST Treatment, Prolonged Exposure

TRAINEES

2022-2023

Immaculata University
Calif Lutheran University
Univ South Alabama
Roberts Wesleyan College

2021-2022

Nova Southeastern University
PGSP-Stanford
University of Kansas

2020-2021

West Virginia University
University of Southern Mississippi
Howard University

2019-2020

Fuller Theology Seminary, Graduate School of Psychology
Binghamton University/SUNY
Seattle Pacific University

2018-2019

Fordham University (Rosehill)
Mississippi State University
University of Rochester
William James College

2017-2018

University of Indiana
Philadelphia College of Osteopathic Medicine
University of Akron

2016-2017
University of Hartford
Alliant IU/CSPP-San Diego

2015-2016
Fuller Theology Seminary, Graduate School of Psychology
Biola University

2014-2015
Pacific University
American University

2013-2014
Fuller Theology Seminary, Graduate School of Psychology
Roosevelt University

2012-2013
Yeshiva University
Forest Institute

2011-2012
Roosevelt University
University of Buffalo

Post-Internship Employment

Our graduates have entered either post-doctoral or graduate psychologist positions following the internship year. Currently 1 are licensed and fully employed as practitioners in various medical centers including VA, and the remaining are currently completing their postdoctoral training and/or seeking licensure.

Local Information

The primary training site for the internship program is at the Canandaigua VA medical center, located 26 miles from Rochester in the Finger Lakes region of upstate NY. The cost of living in the region is reasonable, and interns have been able to find affordable housing in communities convenient to the training sites.

The primary training site for the internship program is at the Canandaigua VA medical center, located 26 miles from Rochester in the Finger Lakes region of upstate NY. The VA is only a few minutes away from Canandaigua Lake. The Finger Lakes have a large variety of outdoor activities including hiking, biking, skiing, fishing, kayaking, and numerous water sports. The region is also famous for its multitude of wineries. There are several nearby state parks including Watkins Glen State Park with 19 waterfalls and Letchworth State Park, the “Grand Canyon of the East.” A short drive to the city of Rochester provides opportunities for exploring theater, art, and music venues and a fun minor league baseball team. The area boasts over 140 festivals and

events per year including the Rochester International Jazz Festival, the Lilac Festival, Canal Days, and Grape Festival so there's something for every season!

Driving Directions:

Directions from the Greater Rochester International Airport
1200 Brooks Avenue, Rochester, NY 14624

Get on I-390 S from Airport Rd
Head southeast on Airport Rd
Turn right at the 1st cross street onto Brooks Ave
Right to merge onto I-390 S
Keep right at the fork to stay on I-390 S, follow signs for Corning
Take exit 12B for I-90 toward Thruway
Keep right at the fork to stay on Exit 12B, follow signs for Interstate 90/New York
Follow signs for I-90 E/Albany and merge onto I-90 E/
Take I-90 E/New York State Thruway (Toll road) to NY-332 S in Farmington.
Take exit 44 for NY-332 toward Canandaigua
Continue on NY-332 S. Drive to Fort Hill Ave
Turn left onto Fort Hill Ave

*These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly.